

**COMMONWEALTH OF VIRGINIA
EXCEPTION/DISCREPANCY RESPONSE FORM**

To: FBMC Commonwealth of Virginia Processor Date: _____

From: _____ Agency #: _____

Phone Number: _____ Agency Name: _____

FBMC Consolidated Billing-125 Department
Please fax form to 850-514-5803

Employee Name: _____ SSN: _____

These corrections apply to (check applicable box):

- ☐ Pre-tax TSA Contributions
☐ Post Tax products or
☐ Both

MONIES EXPECTED NONE RECEIVED:

- ☐ **Employee separated from state service (terminated, resigned, retired).**
Benefit End Date: _____
- ☐ **Employee is on "Leave Without Pay".**
Effective Date of Leave: _____ Expected Return Date: _____
- ☐ **Employee transferred to another agency.**
New Agency # & Name: _____
Effective Date of transfer: _____
- ☐ **Other.** _____

MONIES RECEIVED NONE EXPECTED:

- ☐ **SRA & /or Cash Match form attached.**
- ☐ **SDA form attached.**
- ☐ **Other.** _____

AMOUNT RECEIVED DIFFERENT THAN EXPECTED:

- ☐ **POST TAX - Employee canceled** (Benefit) _____
Benefit End Date: _____.
- ☐ **PRE TAX - SRA form attach canceling deduction.**
- ☐ **Employee changed or added a benefit. SDA, SRA & /or Cash Match form attached, as appropriate.**
- ☐ **Other.** _____